



Supervisor Association Verification

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ – _____ Email: _____

NOTE: All Division notices and communication will be sent to this email.

CWS License Number (if issued): _____

SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

Supervisor Name: _____
First Middle Last

License Type: _____ License Number: _____ State of Issue: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ – _____ Email: _____

REQUIRED all communication to Supervisor will be sent to this email.

- Yes No Does the Supervisor meet the minimum supervisory requirements?
As outlined in [Utah Administrative Code§ R156-60a-302e.](#)
- Yes No Is the Supervised Individual a W-2 employee providing clinical mental health services?
As defined in [Utah Administrative Code§ R156-60a-302\(1\)](#)
- Yes No Is the Supervised Individual a W2 employee of a qualifying facility?
As defined in [Utah Administrative Code§ R156-60a-305a\(5\)\(c\)](#)
- Yes No Does the written supervision contract meet the contract requirements?
As outlined in [Utah Administrative Code§ R156-60a-305a\(3\)](#)
- Yes No Have both the Supervisor and Supervised Individual signed a written supervision contract?

Date Written Supervision Contract was signed: _____

ATTESTATION:

I certify I have read Utah Administrative Code§ R156-60a-302e, Supervisor Eligibility Requirements, and Utah Administrative Code§ R156-60a-305a, Supervised Training Requirements-Supervision Contract-Duties and Responsibilities of Supervisor and Supervisee. I understand that hours MUST be documented using the Division-provided Record of Post-Graduate Supervised Clinical Mental Health Experience Hours form.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Supervisor: _____ Date: _____

Signature of Supervisee: _____ Date: _____

**IF YOU HAVE A SUPERVISOR AT THE TIME OF APPLICATION, SEND THIS FORM WITH YOUR APPLICATION.
 If not, email this completed form to B8@Utah.gov once you have a supervisor.**

No post-graduate supervised experience hours may be counted toward the experience requirements before the Division notifies the Supervisor listed above that this form has been received and approved.